IPDR6702				NORTH CAROLINA		PACE	: 1	
	03/27/2006			CHECKWRITE SUMMARY REPORT		FAGE	-	
				ECKWRITE DATE: 03/30/2006				
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL	CLAIMS FINALIZED	CLAIMS PAID
	PROVIDER NAME				DENTALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8599	61	DETAIL NOT COVERED BY COMBINAT				
	H/DD/SAS			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		101	0.5	OLIDAR TO MINDED DODG NOR MARG				
		191	25	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	2	97	156	59
				11 211 2111 11 11 11 11				
		10	7	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
3404904		8505	5346	CLAIM DENIED DUE TO INSUFFICIE				
3404904	WESTERN HIGHLAN	0303	3346	NT BUDGET				
	DS LME			NI DODOLI				
		8800	220	FURTHER PROCESSING NECESSARY,	0	5685	9512	3827
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		21	56	DUPLICATE OF CLAIM-SYSTEM				
		***		DOLLAR OF CHAIN-SISIEM				
-								
3404910	PATHWAYS	8505	1945	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		8800	425	FURTHER PROCESSING NECESSARY,				
		0000	423	PLEASE CHECK FOR CLAIM ON	0	2546	5254	2707
				FUTURE RA'S.				
		11	102	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404912		8505	191	CLAIM DENIED DUE TO INSUFFICIE				
5404912	CATAWBA COUNTYM	0303	131	NT BUDGET				
	ENTAL HEALT							
		11	93	CLIENT NOT ELIGIBLE ON SERVICE	2	298	2125	1827
				DATE				
		8645	7	CLAIM DENIED MAXIMUM ALLOWED 2				
		0043		6 OCCURRENCES PROCESSED AND				
				PAID, PA IS REQUIRED.				
3404913	MECKLENBURG COM	8599	45	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8932	4	CMTNC INELIGIBLE TO RECEIVE SE	4	50	94	44
				RVICES IN IPRS.	4	50	94	44
		11	1	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
-								
3404916	CROSSROADS BEHA	11	11	CLIENT NOT ELIGIBLE ON SERVICE				
	VIORAL HEAL			DATE				
	,							
		0	0		0	11	11	0
	-							
3404917	CENTERDOTNE	21	1121	DUPLICATE OF CLAIM-SYSTEM				
-101011	CENTERPOINT HUM AN SERVICES	-		TOTAL OF CAMER PAGES				
	AN SERVICES							
-								
		8599	897	DETAIL NOT COVERED BY COMBINAT	0	2800	5139	2339
		1 -		ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	326					
		11	326	BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE				
		11	326	CLIENT NOT ELIGIBLE ON SERVICE				

				1				
PROVIDER	+	HIGH DENIAL	NUMBER OF		marc	momar	TOTAL	TOTAL
PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL DENIALS	CLAIMS	CLAIMS
	FROVIDER NAME	+			DENIALS	DENIADO	FINALIZED	PAID
3404918	ROCKINGHAM CO M	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
								\vdash
		0	0		0	0	0	
		-			U	0	0	U
	1	1						
3404919	GUILFORD CO MEN	8599	71	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND				
	-			BENEFIT PACKAGE.			1	
	-	21	56	DUPLICATE OF CLAIM-SYSTEM	16	189	2083	1894
	+	+			10	103	2003	1034
		11	21	CLIENT NOT ELIGIBLE ON SERVICE				
	-			DATE			 	
	+	-						
3404920	ALAMANCE CASWEL	0	0	*** NO DATA TO REPORT ***				
	L AREA MH D							
	<u> </u>	10	0			ļ	ļ	
	+	V	U		0	0	0	0
	-	+						
3404921	ORANGE PERSON C	5312	140	PRIOR AUTHORIZED DOLLARS EXCEE				
	HATHAM AREA			DED				
		0500	100	DDWN XX NOW GOVERNOOD DV G				oxdot
	+	8599	129	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	18	557	5017	4460
	1	+	1	BENEFIT PACKAGE.				
			<u> </u>					
	<u> </u>	21	50	DUPLICATE OF CLAIM-SYSTEM				
3404922		8505	2583	CLAIM DENIED DUE TO INSUFFICIE				
	THE DURHAM CENT ER	+	1	NT BUDGET				
	and the same of th		<u> </u>					
	<u> </u>	<u> </u>						
		21	1281	DUPLICATE OF CLAIM-SYSTEM	3	4763	4763	0
							<u> </u>	
	+	+	1	<u> </u>				
	+	8518	216	CLAIM DENIED, SUBMITTED BEYOND				
			<u> </u>	FILING TIMELIMIT. PRIOR				
	<u> </u>	<u> </u>	<u> </u>	FISCAL YEAR DOS (JULY 1 = JUNE				
		0.500						
3404923	FIVE COUNTY MH	8599	49	DETAIL NOT COVERED BY COMBINAT				
	-	+		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	+	+						
	1	11	44	CLIENT NOT ELIGIBLE ON SERVICE	0	172	4365	4193
	<u> </u>	<u> </u>		DATE		-72		
	<u> </u>	0000	0.7	NO DAME AVAILABLE ON DATE TO			ļ	
	+	8000	27	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
	1	+	1	The Canada Santa				
	+	+	1	1				
3404925	SANDHILLS CENTE	8505	826	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET	-			
								
	+	21	413	DUPLICATE OF CLAIM-SYSTEM		00		200
	+	F-	1		66	2073	5467	3394
	1	†						
	1	1						
		8599	205	DETAIL NOT COVERED BY COMBINAT				
	<u> </u>			ION OF RECIPIENT, PROVIDER AND			ļ	
	+	 	 	BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE	8599	76	DETAIL NOT COVERED BY COMBINAT				
	G MENTAL HL	+	1	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		23	28	SERVICE REQUIRES PRIOR APPROVA	4	178	1883	1705
				L			<u> </u>	
	1	+	1	<u> </u>				
				T. Control of the Con				
		11	28	CLIENT NOT ELIGIBLE ON SERVICE				
		11	28	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		11	28					

Company Comp		T		ı	T		1	ı	
Months M	PROVIDER		HIGH DENIAL	NUMBER OF		marc	moma r	TOTAL	TOTAL
CASE	NUMBER	DROUTDER NAME			DESCRIPTION				
1 1 1 1 1 1 1 1 1 1		PROVIDER NAME				DENIALS	DENIALS	FINALIZED	PAID
March Marc	3404927	CUMBERLAND CO M	8505	513	CLAIM DENIED DUE TO INSUFFICIE				
					NT BUDGET				
			8518	135		8	914	3207	2293
1955 195									
1992 1					FISCAL TEAR DOS (JULI 1 - JUNE				
1992 1			8500	125	DETAIL MOT COVERED BY COMBINAT				-
			0399	123					
CALLES CONTINUES OF									
1000000000000000000000000000000000000									
1000000	3404929	LEE HARNETT MH/	0	0	*** NO DATA TO REPORT ***				
1									
100 100									
100 100									
March Marc			0	0		0	0	0	
March Marc									
March Marc									
1	3404930		8505	36					
144913		MNTL HLTHC			NT BUDGET				
144913									
144913			0	٥					
Million of The Control		 	-	-		0	36	41	
Million of The Control									
Million of The Control	3404931	MAKE CO HIM SIG	8599	389	DETAIL NOT COVERED BY COMBINAT				-
			+						
									t
			8931	156		234	1400	13695	12295
1993 SOUTHEASTERN CT 1461 24 10 NEXIDENTIAL LEVEL TIT TREAT 1977					RVICES IN IPRS.				
1993 SOUTHEASTERN CT 1461 24 10 NEXIDENTIAL LEVEL TIT TREAT 1977									
1993 SOUTHEASTERN CT 1461 24 10 NEXIDENTIAL LEVEL TIT TREAT 1977									
### STOR NEWTON STOR ADDITIONAL SERVICES BY COMBINAT 4 48 1345			21	111	DUPLICATE OF CLAIM-SYSTEM				
### STOR NEWTON STOR ADDITIONAL SERVICES BY COMBINAT 4 48 1345									
### STOR NEWTON STOR ADDITIONAL SERVICES BY COMBINAT 4 48 1345									
### STOR NEWTON STOR ADDITIONAL SERVICES BY COMBINAT 4 48 1345	2404022		0.001	2.4	(A protestat tour tit mouse				
1	3404933		8621	24					
1		R FOR MH/DD							
10 ONLY TEPLELONG, ROUTERS AND THIS SERVICE IS NOT PAYABLE TO YOUNGESTEELING YO					TON INDITIONING CONVICES.				
10 ONLY TEPLELONG, ROUTERS AND THIS SERVICE IS NOT PAYABLE TO YOUNGESTEELING YO			8599	11	DETAIL NOT COVERED BY COMBINAT	6	60	1245	127
							- 00	1343	127
19494 SHELON CARTERET 8592 1301 STAIL NOT COVERED BY CONDITION 124 3921 7049 3									
19494 SHELON CARTERET 8592 1301 STAIL NOT COVERED BY CONDITION 124 3921 7049 3									
			79	9	THIS SERVICE IS NOT PAYABLE TO				
104934 ORSIGN CARTERST 8599 1301 STAIL MOT COVERED BY COMBINAT DELAY HEAL 105 OF RECIPIENT, PROVIDER AND 21 334 SUPLICATE OF CLAIM-SYSTEM 124 3921 7049 3 10749 3921 7049 3 10749 10740 1074 1074 1074 1074 1074 1074 107									
BERAY MEAL 100 OF RECIPIENT, PROVIDER AND 124 3321 7040 3 125 126 12					PROVIDER TYPE AND SPECIALTY IN				
BERAY MEAL 100 OF RECIPIENT, PROVIDER AND 124 3321 7040 3 125 126 12									
	3404934	ONSLOW CARTERET	8599	1301					
1		BEHAV HEAL							
10 499 DIAGNOSIS OR SERVICE INVALID F OR CLIENT REEL VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR OLIVINATION OF THE CONTROL O					BENEFIT PACKAGE.				
10 499 DIAGNOSIS OR SERVICE INVALID F OR CLIENT REEL VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR OLIVINATION OF THE CONTROL O			0.4	504					
OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR 104935 MAYNE CO MENTAL 0 0 *** NO DATA TO REPORT *** MEALTH CTR			21	534	DUPLICATE OF CLAIM-SYSTEM	124	3921	7049	3128
OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR 104935 MAYNE CO MENTAL 0 0 *** NO DATA TO REPORT *** MEALTH CTR									
OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR 104935 MAYNE CO MENTAL 0 0 *** NO DATA TO REPORT *** MEALTH CTR									
OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR 104935 MAYNE CO MENTAL 0 0 *** NO DATA TO REPORT *** MEALTH CTR			10	499	DIAGNOSIS OR SERVICE INVALID F				
DIAGNOSIS, PROCEDURE CODE FOR									-
NAME CO MENTAL 0 0 0 *** NO DATA TO REPORT *** HEALTH CTR									
NEALTH CTR									
REALTH CTR	3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
0									
ENTAL HEALT RVICES IN IPRS.								-	
ENTAL HEALT RVICES IN IPRS.									
ENTAL HEALT RVICES IN IPRS.			U	O		0	0	0	(
ENTAL HEALT RVICES IN IPRS.			<u> </u>						1
ENTAL HEALT RVICES IN IPRS.	2404027	1	0021	1.0	AMENIC INFITCIBLE TO DECEMBE OF				
8599 4 DETAIL NOT COVERED BY COMBINAT 19 26 594 ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 8537 1 PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN 879 1 SPECIALTY IN ACCORDANCE TO MEN MATL HITH C 191 4 CLIENT ID NUMBER DOES NOT MATC 0 26 361 8 PATIENT NAME 79 1 THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	7404326		0231	2.3					
ION OF RECIPIENT, PROVIOUR AND BENEFIT PACKAGE. 8537 1 PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN 104937 EDGECOMBE NASH 21 19 OUPLICATE OF CLAIM-SYSTEM MNTL HITH C 191 4 CLIENT ID NUMBER DOES NOT MATC 0 26 361 H PATIENT NAME 79 1 THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING		ENTAL HEALT	-		AVIOLO IN IERO.				-
ION OF RECIPIENT, PROVIOUR AND BENEFIT PACKAGE. 8537 1 PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN 104937 EDGECOMBE NASH 21 19 OUPLICATE OF CLAIM-SYSTEM MNTL HITH C 191 4 CLIENT ID NUMBER DOES NOT MATC 0 26 361 H PATIENT NAME 79 1 THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING									-
ION OF RECIPIENT, PROVIOUR AND BENEFIT PACKAGE. 8537 1 PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN 104937 EDGECOMBE NASH 21 19 OUPLICATE OF CLAIM-SYSTEM MNTL HITH C 191 4 CLIENT ID NUMBER DOES NOT MATC 0 26 361 H PATIENT NAME 79 1 THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING		 	8599	4	DETAIL NOT COVERED BY COMBINAT	* * *		501	568
8537 1 PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TIPE AND SPECIALTY IN ACCORDANCE TO MEN 404937 EDGECOMBE NASH 21 19 DUPLICATE OF CLAIM-SYSTEM NEXTL HITH C 191 4 CLIENT ID NUMBER DOES NOT MATC 0 26 361 H PATIENT NAME 79 1 THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING						19	26	594	568
8537 1 PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN 104937 EDGECOMBE NASH 21 19 DUPLICATE OF CLAIM-SYSTEM MATL HITH C 191 4 CLIENT ID NUMBER DOES NOT MATC 0 26 361 H PATIENT NAME 79 1 THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING									-
OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN 104937 EDGECOMBE NASH 21 19 DUFLICATE OF CLAIM-SYSTEM MRTL HLTH C 191 4 CLIENT ID NUMBER DOES NOT MATC 0 26 361 H PATIENT NAME 79 1 THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING									
OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN 104937 EDGECOMBE NASH 21 19 DUFLICATE OF CLAIM-SYSTEM MRTL HLTH C 191 4 CLIENT ID NUMBER DOES NOT MATC 0 26 361 H PATIENT NAME 79 1 THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING			8537	1	PROCEDURE IS NOT PAYABLE FOR Y				
104937 EDGECOMBE NASH 21 19 DUPLICATE OF CLAIM-SYSTEM					OUR PROVIDER TYPE AND				
MATL HITH C 191 4 CLIENT ID NUMBER DOES NOT MATC 0 26 361 H PATIENT NAME 79 1 THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING					SPECIALTY IN ACCORDANCE TO MEN				
MATL HITH C 191 4 CLIENT ID NUMBER DOES NOT MATC 0 26 361 H PATIENT NAME 79 1 THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING									
MATT HITH C	3404937	EDGECOMBE NASH	21	19	DUPLICATE OF CLAIM-SYSTEM				
191 4 CLIENT ID NUMBER DOES NOT MATC 0 26 361 H PATIENT NAME 79 1 THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING									
H PATIENT NAME H PATIENT NAME 79 1 THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING		1							
H PATIENT NAME H PATIENT NAME 79 1 THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING								-	
79 1 THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING			191	4		0	26	361	33
YOUR SUBMITTED BILLING					H PATIENT NAME				
YOUR SUBMITTED BILLING									
YOUR SUBMITTED BILLING			70						
			19	1					
PROVIDER TYPE AND SPECIALTY IN		-							
			1		PROVIDER TYPE AND SPECIALTY IN				
		1			1				

								,
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
HUNDER	PROVIDER NAME	2020	DENTILLO	220021222200	DENIALS	DENIALS	FINALIZED	PAID
3404938	VGFW DBA RIVERS	0	0	*** NO DATA TO REPORT ***				
	TONE COUNSE							
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE	8505	62	CLAIM DENIED DUE TO INSUFFICIE				
	ALTH CENTER			NT BUDGET				
	nam cantan							
		8599	16	DETAIL NOT COVERED BY COMBINAT	0	78	474	396
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404941		8599	566	DETAIL NOT COVERED BY COMBINAT				
2404341	PITT CO MH/DD/S AS CENTER	0333	500	ION OF RECIPIENT, PROVIDER AND				
	AS CENTER			BENEFIT PACKAGE.				
		8535	564	SERVICE FACILITY LOCATION WAS	0	1748	4216	2468
				NOT INCLUDED IN YOUR 837.				
				PLEASE RESUBMIT YOUR CLAIM WIT				
		11	169	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404942	ROANOKE CHOWANH	8931	11	AMTNC INELIGIBLE TO RECEIVE SE				
	UMAN SERVIC			RVICES IN IPRS.				
		8599	7	DETAIL NOT COVERED BY COMBINAT	12	36	1252	1216
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	7	DUPLICATE OF CLAIM-SYSTEM				
		21	,	DOFBICKIE OF CERIM-3131EM				
3404943	ALBEMARLE MENTA	8931	188	AMTNC INELIGIBLE TO RECEIVE SE				
	L HEALTH CE			RVICES IN IPRS.				
		79	127	THIS SERVICE IS NOT PAYABLE TO	319	708	2693	1985
				YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
				PROVIDER TIPE AND SPECIABIT IN				
		8935	126	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404944	EASTPOINTE HUMA	21	4901	DUPLICATE OF CLAIM-SYSTEM				
	N SERVICES							
		79	1288	THIS SERVICE IS NOT PAYABLE TO	114	7979	9122	1143
				YOUR SUBMITTED BILLING	114	7979	9122	1143
				PROVIDER TYPE AND SPECIALTY IN				
		8599	876	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
2404044		8518	362	CLAIM DENIED, SUBMITTED BEYOND				
3404946	FOOTHILLS AREAM	0310	202	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR				
	ENTAL HEALT	1		FISCAL YEAR DOS (JULY 1 - JUNE		1		
		8599	255	DETAIL NOT COVERED BY COMBINAT	64	939	1794	855
				ION OF RECIPIENT, PROVIDER AND	0.	233	2.34	
				BENEFIT PACKAGE.				
					-			
		8935	57	ASTNC INELIGIBLE TO RECEIVE SE				
		1		RVICES IN IPRS.				
		1						
	1	1	1		l	1	I	1

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404957	TIDELAND MENTAL	8599	63	DETAIL NOT COVERED BY COMBINAT				
	HEALTH CTR			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		23	11	SERVICE REQUIRES PRIOR APPROVA		1 97	1562	1465
				L				
		8505	9	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404979	NEW RIVER AREAM	8800	356	FURTHER PROCESSING NECESSARY,				
	H/DD/SA PRO			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8505	339	CLAIM DENIED DUE TO INSUFFICIE		0 717	751	. 34
				NT BUDGET				
		11	14	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				